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PART B - FEE(S) TRANSMITTAL

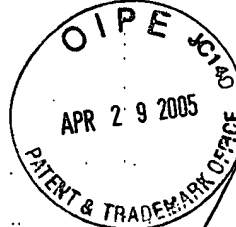
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000027777 7390 02/04/2005
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Erin Sotolongo

(Depositor's name)

[Signature]
4.29.05

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
#100027777	02/04/2005	Sever S. Tenkhuken	ORT-506 ENVI	1663

TITLE OF INVENTION: METHOD OF OBTAINING IMMUNE CELLS FROM AN ANIMAL

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	05/04/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
LUCAS, ZACHARIAH	1648	424-424000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ORTHO-McNEIL PHARMACEUTICAL, INC. RARITAN, N.J.

71 states

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(a)(2).

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Authorized Signature

Matthew S. Goodwin

Date

4/29/05

Registration No.

32,839

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